

985

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 1000

Place of Birth GLOBE

(Registration District)

County Gila

No.

St.

SEX OF CHILD*	Twin	}	and	}	Number in order of birth
MALE	Triplet or other?				

DATE OF BIRTH*	AUGUST	18th	1912
	(Month)	(Day)	(Year)

FULL NAME	FATHER
Charles Edward Barnes	

FULL MAIDEN NAME	MOTHER
Elizabeth J. Horton	

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

I HEREBY CERTIFY that the child described  
herein has been named

HOMER CALHOUN BARNES

(Give name in full)

(Surname)

Mrs C. E. Barnes

(Parent's Signature)

(Signature of Physician or Midwife)

822-818-585